

CUSTOMER COMPLAINT FORM

NAME:	Slip # :
Phone #: ()	Permit # :
Permittee Involved:	
Name:	Slip # :
Phone #: ()	Permit # :
Details of Complaint:	
If additional space is needed please use reverse side	
0: 1	
Signature	Date:
Bureau Use ONLY	
Complaint Taken By:	Date:
Action Taken:	

CUSTOMER COMPLAINT FORM

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